

REGION III AGING SERVICES

Donna Olson, Regional Aging Services Program Administrator

Serving: Benson, Cavalier, Eddy, Ramsey, Rolette, and Towner Counties

Winter 2005

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AGING SERVICES NEWSLETTER

Please share this newsletter with a friend, coworker, at your Senior Center, post on a bulletin board, etc... If you wish not to be on the mailing list for the newsletter, please contact **Donna Olson** at **665-2200**. You are welcome to submit any news you may have regarding services and activities that are of interest to seniors in this region. **Lake Region Human Service Center** makes available all services and assistance without regard to race, color, national origin, religion, age, sex, or handicap, and is subject to Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1975 as amended. **Lake Region Human Service Center** is an equal opportunity employer.



MISSION STATEMENT:

In a leadership role, Aging Services will actively advocate for individual life choices and develop quality services in response to the needs of vulnerable adults, persons with physical disabilities, and an aging society in North Dakota.

Region III Newsletter



Telephone Numbers to Know

Regional Aging Services Program Administrators

Region I - Karen Quick
1-800-231-7724

Region II - MariDon Sorum
1-888-470-6968

Region III - Donna Olson
1-888-607-8610

Region IV - Patricia Soli
1-888-256-6742

Region V - Sandy Arends
1-888-342-4900

Region VI - Russ Sunderland
1-800-260-1310

Region VII - Cherry Schmidt
1-888-328-2662

Region VIII - Mark Jesser
1-888-227-7525

Vulnerable Adult Protective Services

Region I & II – Niels Anderson, Vulnerable Adult Protective Services, Long Term Care Ombudsman - 1-888-470-6968

Region III – Ava Boknecht, Vulnerable Adult Protective Services Coordinator, Kim Helten or Donna Olson, Lake Region Aging Services Unit, 1-888-607-8610 or 701-665-2200

Region IV - Adult Protective Services - Vulnerable Adult Phone Message Line 701-795-3176

Region V - Vulnerable Adult Protective Services, Sandy Arends - 1-888-342-4900. Direct referral may be made to Cass County Adult Protective Services unit - 701-241-5747.

Region VI - Russ Sunderland, Vulnerable Adult Protective Services - 701-253-6344

Region VII - Cherry Schmidt, Vulnerable Adult Protective Services - 1-888-328-2662

Region VIII - Mark Jesser, Vulnerable Adult Protective Services & Long Term Care Ombudsman - 1-888-227-7525

ND Family Caregiver Coordinators

Region I - Karen Quick - 800-231-7724

Region II – MariDon Sorum - 888-470-6968

Region III - Kim Locker-Helten - 888-607-8610

Region IV - Raeann Johnson - 888-256-6742

Region V - Lesli Ossenfort - 888-342-4900

Region VI-CarrieThompson-Widmer -800-260-1310

Region VII - Judy Tschider - 888-328-2662

Region VIII - Michelle Sletvold- 888-227-7525

North Dakota State Ombudsman: Helen Funk, Aging Services Division, **701-328-4617**

LongTerm Care Ombudsman Program for Regions III and IV: Contact Kim Locker Helten or Donna Olson, Lake Region Human Service Center, at **1-888-607-8610 or 701-665-2200**

AARP: **1-888-OUR-AARP (1-888-687-2277)**

AARP Pharmacy: **1-800-456-2277**

ND Mental Health Association (Local) **701-255-3692/ Help-Line: 1-800-472-2911**

IPAT (Interagency Program for Assistive Technology): **1-800-265-4728**

Legal Services of North Dakota:
1-800-634-5263 or 1-866-621-9886 (for persons aged 60+)

Attorney General's Office of Consumer Protection: **(701) 328-3404 or 1-800-472-2600**

Social Security Administration: **1-800-772-1213**

Medicare: **1-800-247-2267/1-800-MEDICARE**

Toll-Free 800 Information: (Directory Assistance for 800 number listings): **1-800-555-1212**

Senior Health Insurance Counseling (SHIC) ND Insurance Department : **(701) 328-2440**

Prescription Connection: **1-888-575-6611**

REGION III COUNCIL ON AGING

Milton Senior Center

January 28, 2005

The Region III Council on Aging met January 26, 2005, at the Milton Senior Center. Coffee and refreshments were served by the Milton seniors. President Leonard Klein opened the meeting and welcomed the 53 attendees. He thanked the Milton seniors for hosting the meeting. The pledge to the flag was repeated by all. The minutes of the last meeting were read and approved. The balance of \$871.61 was reported by the treasurer which was approved. No old or unfinished business.

COUNTY REPORTS

Towner The bus is doing well. Congregate meals are down some. The Christmas party and social was well attended.

Eddy The Christmas rummage sale fund raiser netted \$300. They had a New Years party and dinner, starting early so all could return home early. They sponsor a card party, charging \$1.00 for refreshments every Saturday beginning at 1:00 p.m.

Cavalier **Langdon** They have 103 members. Dues are \$6.00 annually. They hold monthly club meetings having outside entertainment occasionally. They play bingo, have pinochle tournaments, and other card games. Bingo is played every Thursday evening. Evelyn McDonald manages the lunch counter. February 15 will be the Valentine Social with invitation extended to all.

Milton They have fund raisers to remodel their club building. They got a grant for \$24,000 and they raised \$6,000 as the community building is badly in need of repairs.

Osnabrock They have monthly meetings and are looking for new members.

Benson They have their monthly meetings and play cards two times a week. Transportation is going well.

Rolette All 2004 contracts have been completed and over 117,000 meals were served last year.

Ramsey There are five active clubs. We have our Ramsey County meetings quarterly, meeting at the various club sites. The Devils Lake Center is making pies for their biggest money maker of the year. They have weekly line dancing, make greeting cards, have choir practice, card games, and bingo every month.

Starkweather Get congregate meals three times per week from Devils Lake. We have monthly meetings, play cards, put puzzles together, and have a dinner and social every month. We use the foot clinic every other month.

TITLE III PROJECT LEADERS**Beatrice Delvo, Cavalier County Senior Meals and Services**

All 2004 contracts have been fulfilled and have met our goals. We have installed three computers that are finding a lot of use and enjoyment. Sponsoring a fund raiser on February 24th, serving soup, sandwich, and pie.

Norma Jean Neumiller, Benson County Transportation

Norma Jean reported transportation in Benson County is doing well with a lot of riders. Their outreach worker gave a report on Prescription Drugs at a meeting. She said there are about 35 different discount cards. You should ask your pharmacist as to which one will work best.

Larry Leonard, Nutrition United

Larry reported serving over 117,000 meals. He talked extensively about the bills introduced to the legislature that pertain to seniors. HB2267 - pertaining to the Mill Levy for the purpose of providing matching funds for services and programs for senior citizens of North Dakota. HB1458 Transit Bill – pertaining to public transportation. SB2348 also on public transportation.

Donna Olson, Regional Aging Services Program Administrator

Donna welcomed the group and thanked the Milton seniors for hosting the meeting. Donna talked about all of the legislative measures which are of interest to older persons including Mill Levy/Mill Levy Match and emphasized talking to our local legislators regarding services for older persons. SHEA wants \$1.00 from residents when they send in their State Taxes to help defray costs of the Silver Haired Assembly. They are also asking for donations from each senior club. She reported AARP and The Graying of North Dakota are working for home care based services and prescription drug coverage. Bill Lardy of the Insurance Department is available to talk to groups regarding Medicare Prescription Drug changes in 2006.

Our speaker for the afternoon was Gretchen Everson who is with the Minnesota-Dakota Chapter, Alzheimer's Association. She gave a very informative, knowledgeable talk on Alzheimer's Disease, explaining what it is and that there is no known cure for it. There are four million people in the United States with the disease and 125,000 in North Dakota and Minnesota. She explained the ten warning signs and the three stages of the disease. She was enjoyed by all.

We played the five games of bingo. The Milton Seniors served refreshments at the end of the day.

The next meeting will be April 27th at Leeds.

Respectfully submitted,
Doris Myklebust, Secretary/Treasurer

Leeds has not confirmed that they will be hosting the April 27th meeting. I will send out information along with the Agenda and Regional Council Minutes from the last meeting as soon as I receive the information from Leeds. - Donna



Fact Sheet

December 2004

Vulnerable Adult Protective Services

Background:

The North Dakota Legislature passed the Vulnerable Adult Protective Services Law in 1989. The law authorized the Department of Human Services to develop, administer, and implement a program of protective services for vulnerable adults.

In 1998, each regional human service center began developing Elder Services Units, which are responsible for vulnerable adult protective services, as well as other services.

Protection of vulnerable adults seeks to prevent further abuse, neglect, or exploitation and to promote self-care and independence.

State Law:

In state law, **a vulnerable adult is defined as any person older than age 18, or emancipated by marriage who has a substantial mental or functional impairment.**

ND Century Code 50-25.2-03 states that any person who reasonably believes that a vulnerable adult has been subjected to abuse or neglect or observes conditions or circumstances that reasonably would result in abuse or neglect, may report the information to the Department of Human Services or to an appropriate law enforcement agency.

The law gives the department the right to assess and to provide or arrange the provision of adult protective services, if the vulnerable adult consents to and accepts the services. The department may pursue administrative, legal, or other remedies authorized by law, which are necessary and appropriate under the circumstances to protect a vulnerable adult who cannot give consent, and to prevent further abuse or neglect.

See Page 2: • Demographic Characteristics • How Calls Are Handled • Contacts

Statistics:

Vulnerable Adult Services

(October 2003 – September 2004)

- 470 New Cases
- 421 Information and Referral Calls
- 263 Brief Services (required up to 2 hours of staff time to resolve, for example, helping a family locate needed services.)
- 439 Cases Closed
- Hours spent on information & referral, brief services, and cases totaled 7,208 hours

NOTES:

A clarification in reporting occurred. The case data should not be compared to previous data.

A new case does not mean a person has not been served before. Recidivism is common. Physical and other abilities change over time, and concerns about neglect or abuse may resurface.

Referral Reasons

- 65% Self-neglect
- 14% Neglect
- 10% Abuse
- 11% Financial exploitation

Referral Sources

- 28% Agency
- 27% Medical/Home Health
- 20% Family
- 15% Community
- 6% Legal/Judicial
- 4% Self

Priority of Request

- 84% Non-emergency
- 9% Emergency
- 7% Imminent danger

Did You Know:

Adult children, other family members, church communities, and other informal support systems help meet the needs of many people. **Individuals who receive vulnerable adult protective services often lack these informal supports.**

Vulnerable Adult Protective Services Demographic Data (October 2003 – September 2004)

General

- 70% were age 60 and older
- 59% were female
- 93% were Caucasian
- 5% were American Indian/Native Alaskan

Marital Status

- 64% single/widow/widower
- 20% married
- 14% divorced
- 2% separated

Living Arrangements

- 56% live alone
- 35% live with a spouse or other family member
- 9% live with non-relatives

Alzheimer's and Related Dementia

- 72% Did not have dementia
- 28% Do have some sort of dementia

Reasons for Case Closure:

- 18% Referred to another agency
- 15% Moved out of the area, received protective arrangements, or died
- 15% Client refused services
- 13% Placed in long-term care facility
- 8% Referred to home & community-based services
- 31% Other



Another Resource:

ND Senior Info Line

1-800-451-8693

www.ndseniorinfo.com

*Produced December 2004
N.D. Department of Human Services
Aging Services Division
600 E Boulevard, Department 325
Bismarck N.D. 58505-0250
Phone: 701-328-4601 TTY: 701-328-3480*

Adult Protection in Practice:

- A **vulnerable adult has the right** to make decisions on his or her own behalf until he or she delegates responsibility voluntarily to another, or the court grants responsibility to another.
- **When interests compete**, a competent individual's decision supercedes community concerns about safety, landlord concerns about property, or family concerns about health or finances.
- **A person can choose** to live "in harm" or even self-destructively, if she or he is competent to choose, does not harm others, and commits no crimes. (Each year, about 15 percent of the people offered vulnerable adult protective services in N.D. refuse them.)
- **Protection of vulnerable adults seeks to prevent further abuse, neglect, or exploitation and to promote self-care and independence.**

How Calls Are Handled:

When a Regional Human Service Center receives a call about suspected abuse or neglect of vulnerable adults:

- **Staff assess the situation** via phone to determine if an emergency exists.
- **Staff contact emergency responders, if appropriate.**
- If it is not an emergency, but requires more than providing information and referral, **staff may conduct a site visit** to assess the situation and assure appropriate services are offered.
- If appropriate, **staff may offer services** to the vulnerable person such as home-delivered meals, personal care assistance, respite care, or other services.

Human Service Center Contacts:

Williston	701-774-4600 / 800-231-7724
Minot	701-857-8500 / 888-470-6968
Devils Lake	701-665-2200 / 888-607-8610
Grand Forks	701-795-3000 / 888-256-6742
Fargo	701-298-4500 / 888-342-4900
Jamestown	701-253-6300 / 800-260-1310
Bismarck	701-328-8888 / 888-328-2662
Dickinson	701-227-7500 / 888-227-7525

ND LONG TERM CARE OMBUDSMAN PROGRAM

What is an Ombudsman? An Ombudsman is an advocate on behalf of someone else. In the long term care setting, an Ombudsman is an advocate for resident rights. The Ombudsman program is a federally mandated program funded through the Older American's Act. The Ombudsman Program has been in existence in ND since the late 1970's and is administered through the Aging Services Division of the Department of Human Services. There are four Regional Ombudsmen, housed at various regional human service centers throughout the state, and one State Ombudsman, housed at the state Aging Services office in Bismarck.

What does an Ombudsman do? The main focus of the Ombudsman Program is to receive, investigate, and help resolve any complaint or concern made by, or on behalf of a resident residing in a long term care facility, which may adversely affect the health, safety, welfare, or rights of the residents. The Ombudsman Program assists residents, their family members, and long term care facilities to protect and promote their rights within the context of living in a facility. Ombudsmen work with the resident and facility to come to an agreeable solution to the issue of concern. Regional Ombudsmen are required to make regular visits to all of the facilities in their catchment area to make observations in these facilities and meet with residents to ensure that they are satisfied with the care they receive. Another responsibility of the Regional Ombudsman is to provide education to facility staff and the public on resident rights and the Ombudsman Program. Many residents in long term care facilities are unaware of their rights and responsibilities, feel overwhelmed by the complaint resolution process, or feel powerless to make any changes or express their concerns. The Ombudsman Program was put into place to help empower and advocate for residents – to help them overcome these feelings and to express concerns and expect them to be resolved.

Another component of the Ombudsman Program is the Volunteer Community Ombudsman Program.

Potential volunteers attend an orientation training and then are placed in a long term care facility in their community, where they are asked to make weekly visits. The position of the volunteer is more informal, but just as vital as that of the Regional Ombudsman. Through their weekly visits, the volunteer establishes a trust relationship with the residents. Concerns that the residents are not comfortable voicing to the staff are more likely to be voiced to the volunteer, who is a neutral third party. They help residents “nip problems in the bud” by encouraging the resident to advocate for themselves as soon as the concern presents itself.

What type of concerns to Ombudsmen deal with? There is a wide range of concerns, but the most common are: nursing care, food, resident rights, finances, sanitation, activities, dignity and choice issues, and physician services. Anyone can bring a concern to the attention of the Ombudsman Program. Common referral sources include residents, families, facility staff, friends, and other agencies who work closely with residents of long term care facilities.

How to I contact the Ombudsman Program? The State Long Term Care Ombudsman, Helen Funk, can be reached at 1-800-451-8693. Regional contacts are listed on page 11 of this Newsletter. The services of the Ombudsman Program are available to all residents residing in skilled nursing facilities, basic care facilities, assisted living facilities, and hospital swing bed facilities. Any person who has a concern regarding resident rights is encouraged to call the Ombudsman Program.

Quality of life for residents in long term care facilities is our primary concern and our goal is to resolve any concerns so that the quality of life for residents is as high as possible. Please call the Ombudsman in your region if you have concerns regarding the care of a resident in a long term care facility, if you would like more information about the Ombudsman Program, or if you would like to become a Volunteer Ombudsman.

This article was written by Kim Locker Helten, Lake Region Human Service Center – LTC Ombudsman in Regions III & IV. The following Fact Sheet “Long Term Care Ombudsman Program” was prepared by the Department of Human Services Aging Services Division and provides more information on this Statewide Program.



Fact Sheet

January 2005

Long Term Care Ombudsman Program

Serving residents of long term care facilities in North Dakota

Background:

- The Long Term Care Ombudsman Program's mission is to serve as an advocate for people who are elderly and people with disabilities who reside in long term care facilities.
- The office of the North Dakota State Long Term Care Ombudsman has existed for over 25 years and is under the direction of the Aging Services Division of the N.D. Department of Human Services.

Ombudsman Role:

- **Advocates** for people who are elderly or who have disabilities and who live in long term care facilities
- **Receives, investigates, mediates, and resolves** complaints affecting residents of long term care facilities
- **Answers** questions and **provides** information and referral services
- **Educates** people about long term care issues, services, and options
- **Educates** residents and their families, and facility staff about residents' rights and self advocacy
- **Coordinates** efforts with other agencies and organizations concerned about residents in long term care facilities
- **Identifies** issues and problem areas and **recommends** changes in laws, rules, policies, and procedures

Serves:

People living in:

- Skilled Nursing Facilities (nursing homes)
- Basic Care Facilities
- Swing Bed Facilities
- Sub-Acute and Transitional Settings in Hospitals
- Assisted Living Facilities

Relatives and friends of people living in long term care facilities

Employees and administrators of long term care facilities

Regulatory and certification agencies, other agencies, and the **general public**

Problems An Ombudsman Typically Handles:

- **Problems related to the rights of residents of long term care facilities**
These rights relate to freedom from abuse, neglect, exploitation, and restraints; personal privacy, dignity and respect, visitors, admission policies, cost of care information, protection of funds, involvement in health care decisions, transfers and discharges, participation in groups and activities, filing grievances and complaints, and other matters.
- **Concerns about care or treatment provided**
These usually relate to admission, health services, drugs, food, patient funds, transfers, or discharge policies.
- **Requests for information**

N.D. Ombudsman Program Data**Fiscal Year 2004**

Data relates to long term care nursing facilities, basic care facilities, and assisted living facilities

Number of licensed nursing facilities	122
<i>Number of beds</i>	<i>7,253</i>
Number of basic care and assisted living facilities	99
<i>Number of beds/units</i>	<i>3,106</i>
Number of verified complaints received by Ombudsman Program	845
Number of complainants	778
The majority of concerns dealt with systems and issues such as guardianship, power of attorney, wills, family conflict or interference, etc.	257

State Units On Aging Are Required To:

- Establish and operate a Long Term Care Ombudsman Program to investigate and resolve complaints on behalf of residents of long term care facilities
- Review and comment on federal, state, and local laws, regulations, and policies regarding long term care facilities
- Provide information to public agencies about issues and problems of people living in long term care facilities
- Establish a procedure to ensure confidentiality of information and files maintained by the Ombudsman Program

***Another Resource:*****ND Senior Info Line**

1-800-451-8693

www.ndseniorinfoine.com

Prepared October 2004
N.D. Dept. of Human Services
Aging Services Division
 600 E Boulevard Avenue Dept 325
 Bismarck, ND 58505
 (701) 328-4601 / TTY (701) 328-3480
 E-mail: dhsaging@state.nd.us

Contact An Ombudsman:**Helen L. Funk, LSW**

State Long Term Care Ombudsman

600 E Boulevard, Dept. 325

Bismarck, ND 58505-0250

701-328-4617 or 1-800-451-8693

Serves **Bismarck** and these counties: Burleigh, Emmons, Grant, Kidder, McLean, Mercer, Morton, Oliver, Sheridan, and Sioux

Bryan Fredrickson, LSW

Regional Ombudsman

Southeast Human Service Center

2624 9th Ave. SW, Fargo, ND 58103-2350

701-298-4413 or 1-888-342-4900

Serves **Fargo** and **Jamestown** and these counties: Barnes, Cass, Dickey, Foster, Griggs, LaMoure, Logan, McIntosh, Ransom, Richland, Sargent, Steele, Stutsman, Traill, and Wells

Kim Locker Helten, LSW

Regional Ombudsman

Lake Region Human Service Center

200 Hwy 2 SW, Devils Lake, ND 58301

701-665-2269 or 1-888-607-8610

Serves residents of **Devils Lake** and **Grand Forks** and these counties: Benson, Cavalier, Eddy, Grand Forks, Nelson, Pembina, Ramsey, Rolette, Towner, and Walsh

Niels Anderson, LSW

Regional Ombudsman

North Central Human Service Center

400 22nd Ave. NW, Minot, ND 58703

701-857-8500 or 1-888-470-6968

Serves **Minot** and **Williston** and these north central and northwest region counties:

Bottineau, Burke, Divide, McHenry, McKenzie, Mountrail, Pierce, Renville, Ward, and Williams

Mark Jesser, LSW

Regional Ombudsman

Badlands Human Service Center

200 Pulver Hall, Dickinson, ND 58601

701-227-7557 or 1-888-227-7525

Serves **Dickinson** and these counties: Adams, Billings, Bowman, Dunn, Golden Valley, Hettinger, Slope, and Stark

THE NORTH DAKOTA LEGISLATIVE ASSEMBLY

I. FUNCTIONS:

- A. Pass laws and appropriate the money necessary to operate state government
- B. Act as representative of the citizen in dealing with state and federal government.
- C. Caretakers of the state constitution; propose amendments when deemed necessary
- D. Represent the State of ND in the federal system; ratify US constitutional amendments
- E. Express opinions through resolutions and interim study, which may result in formulation bills presented to the legislative assembly for decision.
- F. Senate advises and consents to select gubernatorial appointments

II. COMPOSITION:

- A. The legislative assembly, legislature, is a bicameral or two-house system, Senate & House
- B. North Dakota is divided into 47 legislative districts
 - 1. Each district elects one senator for a four-year term. (47 Senators)
 - 2. Each district elects two representatives for a four-year term (94 Representatives)
- C. The one-person, one-vote concept is used to decide where legislative district boundaries should be drawn.
 - 1. In a 1964 US Supreme Court ruling to safeguard the “equal protection” clause of the 14th amendment, legislative districts must roughly equal each other in population
 - 2. Legislative districts are redrawn following each official 10-year census so districts remain within a 10% population differential

III. QUALIFICATIONS

- A. Legislators must be 18 years old on or before election day
- B. Legislative candidates must be a qualified elector of their legislative district
- C. Legislative candidates must have been a ND resident for at least one year prior to election

IV. COMPENSATION

- A. From 1889-1982 legislators were paid a salary of \$5/day and 10 cents per mile for one trip from their home to Bismarck each session, plus some reimbursed expenses.
- B. Legislators now receive \$250/month reimbursement compensation every month they hold office, including the session months. Legislators residing outside Bismarck receive an additional amount up to \$650 per legislative session for housing (\$45/night).

V. LEGISLATIVE MEETINGS & SESSIONS

- A. Legislative terms begin December 1st. Legislators meet three days in December after the general election for organizational purposes. During this organizational session:
 - 1. Legislators take oath of office and orientation is provided to new legislators
 - 2. Legislators hear the Governor’s executive budget and revenue proposals
 - 3. Legislators hear recommendations of legislative council interim work
 - 4. Legislators adopt rules for the upcoming session
 - 5. Standing committees are appointed and Senate and House desk force staff elected

THE LEGISLATIVE PROCESS

A. Types of legislation

1. Bills create, amend, or repeal law
2. Resolutions propose constitutional amendments, express opinion, call for interim legislative council study, congratulate, or console

B. Where do bills and resolutions originate?

1. From legislators
2. Legislative council interim study committees
3. Executive branch of state government
4. Judicial branch of state government
5. Constituent request
6. Lobbyist organizations

C. Introduction of bills

1. Bills must be introduced by legislators, standing legislative committees, or legislative council interim committee
2. House bills begin with the number HB1001
3. Senate bills begin with the number SB2001
4. House Concurrent Resolutions begin with the number HCR3001
5. Senate Concurrent Resolutions begin with the number SCR4001

D. Committees hold hearings and report their recommendation to the House or Senate

1. Bills are assigned to committees
2. Bills are scheduled for public hearing
3. Five types of recommendations are made by committees:
 - a. Do Pass – bill should be passed by the chamber as is
 - b. Do Not Pass – bill should be killed
 - c. Amend and Do Pass – bill should be first amended, then passed, and committee furnishes the proposed amendments
 - d. Amend and Do Not Pass – bill should be amended if passed, but should not be passed
 - e. Without Recommendation – committee cannot decide what to recommend
-reports the question must be resolved by the chamber

E. Floor Action

1. Committee's decision is reported back to the full House or Senate
2. Bill & committee recommendations are discussed and a roll call vote is taken & registered in the House or Senate Journal
3. Engrossed bill – bill is re-drafted to include the amendments
4. Bill moves to second house to go through same procedure, if not killed in house of origin

F. Conference Committee

1. When the two houses disagree over the contents of the measure, each house appoints three members to work out the differences
2. Bill then returns to each house for passage
3. Once agreed upon by both houses, the bill is enrolled, typed in final form and signed by the presiding officer of each house

XI. ACTION BY THE GOVERNOR

- A. May sign the bill into law
- B. May let bill become law without signature
- C. May veto bill, but must do so within three days of bill passage while legislature is in session
 - 1. Governor has an "item" veto, so can veto individual sections within an appropriations bill
 - 2. When the session ends the Governor has 15 days to veto, rather than 30 days
 - 3. When legislature not in session, vetoes cannot be overridden

XII. LOBBYING

- A. Defined as activities by persons aimed at influencing public officials, usually legislators, on legislation and other policy decisions
- B. Any person attempting to secure the passage, amendment, or defeat of legislation must register with the Secretary of State
 - 1. Exempt
 - a. Legislators
 - b. Private citizens acting on their own behalf
 - c. State or political subdivision employees acting in their official capacity
 - d. Persons invited by a committee chairman to appear and provide information
- C. Each lobbyist must make a report by August 1st of each year specifying expenditures over \$50 expended on any one individual

XIII. DIRECT LEGISLATION

- A. Referendum is a method of bringing a law passed by the legislature before the voters of the state for approval or disapproval
- B. Initiative is a method by which citizens may pass laws outside the legislative process
- C. Petition signature requirements are based on the percentage of resident population of the state of ND at the last federal decennial census. According to the 2000 census figures, the population of ND was 642,200. Therefore, percentage and signature requirements are:

Referral Petition	2% of 642,200	12,844
Statutory Initiative	2% of 642,200	12,844
Constitutional Initiative	4% of 642,200	25,688

- D. Petition Filings
 - 1. Referral petitions must be filed within 90 days after the legislation is filed with the Secretary of State
 - 2. Initiative petitions must be filed no later than one year after the petitions are approved by the Secretary of State for circulation.

SOURCES

Jaeger, Alvin A., North Dakota Blue Book, 2003-2005, Secretary of State, August 2003,
 Omdahl, Lloyd. Governing North Dakota, 2003-2005, Copyright 2003.
 58th Legislative Assembly Senate & House Rules and Committees, 2003.
 2003-2005 Initiating and Referring Law in ND, Secretary of State, December 2003

RESOURCES

Legislative Council Office on 2nd Floor of Capitol Bldg
 Bill Room at West End of 1st Floor in Capitol Bldg during Legislative Session
 Bill Status and Legislators E-mail Addresses available through the Internet at: www.state.nd.us/lr/Lawmakers of
 North Dakota through ND Motor Carriers Association, Inc.

The information on the ND Legislative Assembly and the Legislative Process was taken from the Legislative Handbook compiled by Connie M. Hildebrand, American Association of University Women, and can be accessed at the above website.

ND Family Caregiver Support Program

The following article is adapted from The Jamestown Sun, Holly Jessen, reporter. It provides a view of the ND Family Caregiver Support Program from the client's perspective. Special thanks to Carrie Thompson-Widmer, Caregiver Coordinator in Region VI and the clients who agreed to share their stories.

Since Willis Woehl suffered a stroke eight years ago, his wife, Violet Woehl of Ashley, has been taking care of him. Willis only speaks a little and needs 24-hour care, which means it isn't easy for Violet to leave the house, she said. But six months ago, a friend told her about the North Dakota Family Caregiver Support Program, which pays for in-home respite care so Violet can go to her doctor's appointments. "I have my peace of mind when I go," she said. "I know somebody is there should something go wrong."

Since December of 2002, the Family Caregiver Support Program has been serving families in North Dakota. The program helps people like Violet Woehl so they can do chores around the house, run errands, go to doctor appointments or simply get away for a while. Eligible caregivers include those who provide 24-hour care for a family member age 60 and over or grandparents who are age 60+ raising their grandchildren. The program is federally funded and there is no fee for services. A suggested donation is accepted but no client is denied services based on ability to contribute. The federal dollars can be used to pay a family member, a home health agency, or a Qualified Service Provider to come into the home and give the primary caregiver a break. The family may use a combination of these options. The paid respite workers come into the home, when needed, to provide assistance. Even though it might be for just a few hours a break can be very important to primary caregivers. When they are "on-duty" all the time, it's possible to get stressed, overwhelmed or lonely. It's also helpful for people under their care.

Wilfred Aarestad of Jamestown said he has been caring for his wife, Thelma Aarestad, for more than five years and utilizing the caregiver program for about two years. A stroke paralyzed his wife's right arm and leg, and she can only be left alone for very short periods of time. "We signed a contract that we'd take care of each other and it fell to my obligation," he said. "... If the roles were reversed I know she'd be there to take care of me." The couple, both approaching 80, only use the program's services occasionally so Wilfred can go to things like funerals or wedding receptions. They said it was very hard for anyone else to do the things Wilfred does for his wife, but it does help to know that someone can be there if he does need to go somewhere. "I hate being gone," he said. "I go when I need to." Although both said they appreciate the program and the people that help them, they both prefer when Wilfred can be at home. "I get along fine with him," Thelma said from her wheelchair. "... I couldn't be better off, that's for sure."

The Family Caregiver Support Program is available statewide - see page 11 of this issue for the Coordinator in your region.



MN/ND Alzheimer's Association announces the hire of Kristi Pfliger-Keller as the Western North Dakota Regional Center Director. Kristi has a BA in political science and certification as a Family Development Specialist. Her office is located at 1223 South 12th, Suite 7, Bismarck, ND 58504. She can be reached by phone at 701-258-4933.

Welcome, Kristi!!

ARE YOU REQUIRED TO FILE A TAX RETURN?

In general, you may be required to file a return depending on:

- your filing status
- your age
- your gross income

and if:

- you owe any special taxes on different type of income
- you have some exempt or excludable income
- you can be claimed as a dependent on another's tax return
- you are another taxpayer's dependent and are blind, or
- you earned advanced earned income credit payments.

If your filing status is:	At the end of 2004 you were:	File a return if your gross income* is at least:
Single	Under 65**	\$ 7,950
	65 or older	\$ 9,150
Married, filing Jointly	Under 65 (both spouses)	\$15,900
	65 or older (1 spouse)	\$16,850
	65 or older (both spouses)	\$17,800
Married filing Separately	Any age	\$ 3,100
Head of Household	Under 65	\$10,250
	65 or older	\$11,450
Qualifying Widow(er) with Dependent Child	Under 65	\$12,800
	65 or older	\$13,750

***DO NOT** include social security benefits unless you are married, filing separate and you lived with your spouse at any time during 2004.

**If you turn age 65 on January 1, 2005, you are considered to be age 65 at the end of 2004.

Call the IRS for further information: 1-800-829-1040

MINNESOTA-NORTH DAKOTA CHAPTER RECOMMENDED READING LIST



Talking to Alzheimer's...Simple Ways to Connect When You Visit with a Family Member or Friend

Strauss, Claudia, J.

This book is filled with practical suggestions regarding what to expect of the disease process, and tips for useful communication. In addition, the book offers suggestions for visiting with your loved one and taking care of yourself.

The 36-Hour Day (Revised Third Edition)

Mace, Nancy L., M.A. and Peter V. Rabins, M.D., M.P.H.

This book combines practical advice with specific examples in a comprehensive guide for those in the early and middle stages of AD and/or a related illness.

The Best Friends Approach to Alzheimer's Care

Bell, Virginia, M.S.W. and David Troxel, M.P.H.

The book offers uplifting, effective methods for the care of people with Alzheimer's disease. Learn new ways to solve problems, encourage positive behavior and improve communication.

The Forgetting: A Portrait of an Alzheimer's Epidemic

Shenk, David

The historical account and technical explanation of Alzheimer's includes numerous personal stories and compelling discussion on the history of Alzheimer's research and the current status of the disease. Shenk also offers a well of empathy and understanding for families striving to better understand and come to terms with their loss.

The Magic of Humor in Caregiving

Sherman, James R., Ph.D.

This resourceful book can provide tremendous benefits and tickle a caregiver's funny bone at the same time. The well-established healing benefits of laughter in reducing stress and tension are clearly explained. The book also shows how playfulness can be used to increase personal effectiveness and promote wellness.

The Mayo Clinic on Alzheimer's Disease

Peterson, Ronald, M.D., Ph.D.

The book provides in-depth discussion of the current knowledge of the disease and its relationship

to other forms of dementia. You will learn practical explanations of treatment and caregiving. Much of the information comes directly from the experience of physicians, psychiatrists, neurologists and allied health care professionals at the Mayo Clinic.

Visiting Mom: An Unexpected Gift

Bell, Sherry M.

This book is divided into two sections. The first half of the book gives the reader an in-depth understanding of Alzheimer's disease, while the second half is devoted to making visits very special and enjoyable.

Wilfrid Gordon McDonald Partridge

Fox, Mem

A small boy overhears his parents discussing the memory loss of an older neighbor who lives next door in the old people's home. He looks for the meaning of "memory" by asking the other residents who tell him that a memory is something warm, something sad, something that makes you laugh and something as precious as gold. Young Wilfrid gathers his own "memories" to bring to Miss Nancy and each of his treasures stimulate warm reminiscences for Miss Nancy. A magnificently written and illustrated story about the communication it takes to initiate the bond not only between the very old, but between people of any age.

BOOKLETS

Residential Care – A Guide for Choosing a New Home

National Alzheimer's Association

This booklet identifies and describes the different types of residential care settings that may be available in communities. It then provides a list of questions that families should ask and a list of items they should look for when touring a residential care setting.

The following two booklets are illustrated guides that include photos of normal and diseased brains. Definitions specific to the neurological cause explain why behaviors occur.

Crossing the River of Life with Alzheimer's

University of Alabama Tuscaloosa

Alzheimer's – A Broken Brain

University of Alabama, Tuscaloosa

To Order:

This is a list of recommended books on Alzheimer's disease, related dementias, and caregiving compiled for the use of persons with memory loss, their caregivers, family, friends, and professional care providers.

Order now through www.alzmdak.org and the Alzheimer's Association will receive a percentage of the profit. Your purchases will be delivered directly from Amazon.com. If you do not have Internet access, please call our Helpline at 1-800-232-0851 and we will assist you in placing your order.

www.alzmdak.org

24/7 Helpline 1-800-232-0851

Mark Your Calendars!



**SHAPING THE FUTURE
TOGETHER**

**September 14-15, 2005
Holiday Inn
Fargo, ND**

Plan to Attend!

**Conference Kick Off:
Tuesday Evening
September 13, 2005
at Bethany Homes**

THE MEDICARE INFLUENZA TREATMENT DEMONSTRATION

Medicare beneficiaries who get the flu can get assistance to help pay for antiviral medicines under a demonstration project announced by CMS Administrator, Mark B. McClellan, MD, PhD. Dr. McClellan stated, "There are prescription drugs that have been proven to prevent the flu and its serious complications, and Medicare is taking steps to make these drugs more affordable." He went on to state, "This demonstration project will provide useful evidence on how prescription drug coverage affects the health and costs for Medicare beneficiaries ahead of the drug benefit in 2006."

The Influenza Treatment Demonstration provides coverage to all Medicare beneficiaries, (including traditional Part B, Medicare Advantage, and Drug Discount Card participants), for FDA-approved drugs for the treatment and targeted prevention of influenza. Medicare will cover up to two prescriptions for Amantadine; Zanamivir; Oseltamivir; and Rimantadine, and their generic equivalents, when prescribed by a qualified physician or allied health professional. Treatment must be for beneficiaries with symptoms of influenza, as prevention if they are exposed to diagnosed influenza or to a beneficiary in an institution where there has been an outbreak of influenza. However, the demonstration does not cover these anti-viral drugs for general prophylactic use.

The demonstration is effective for dates of service through May 31, 2005.

For more information please go to:

<http://www.cms.hhs.gov/researchers/demos/flu>

Or contact:

FLUMEDDEMO@CMS.HHS.GOV

Lucretia James
Centers for Medicare and
Medicaid Services
(303) 844-1568

CHANGES IN THE AT ACT AND WHAT IT MEANS TO NORTH DAKOTA

Judie Lee, IPAT Director

The AT Act of 2004 requires states to conduct specific activities and identifies the percentage of their funds to be used for these activities. This is a change from the previous Act. The required activities are identified under two categories: State-Level Activities and State Leadership Activities. The following are the required activities within each category:

State Level Activities:

- 1) Alternative Financial Loan Program
- 2) Device Reutilization Program
- 3) Device Loan Program
- 4) Device Demonstrations

State Leadership Activities:

- 1) Training and Technical Assistance
- 2) Public Awareness Activities
- 3) Coordination and Collaboration

North Dakota is in a very good position as IPAT is already engaged in a majority of these activities.

Funding this wide array of services continues to be a challenge. The Act allows for increased funding; however, federal appropriations left it at level funding for the State programs for the upcoming year. This means IPAT will continue to provide the current core services but will need to leverage other types of funding to increase or expand these services.

The State Level Activities that IPAT will continue are:

- 1) IPAT Equipment Loan Library which provides an opportunity for a short-term loan of a wide range of devices.
- 2) The Technology Access Center in Fargo which provides demonstrations and hands-on experience with devices.
- 3) The on-line Swap & Shop or re-use program, giving individuals and organizations a chance to sell or buy used equipment.

The fourth required activity, the Alternative Financial Loan Program, will give North Dakota residents an alternative financing option for AT. The program will soon be ready to take applications. Information regarding this service will be released in the near future.

The State Leadership Activities that IPAT will continue include:

- 1) Training and Technical Assistance provided by IPAT Coordinators located in Fargo and Bismarck.
- 2) Ongoing Public Awareness Activities such as participation at local conferences and other types of events, the AT Key Newsletter, and the IPAT website.
- 3) Ongoing Coordination and Collaboration through participation in task forces and committees whose focus is to make AT more accessible to people in North Dakota.

IPAT and stakeholders will need to continue to look for ways to leverage other funding in order for these and other needed AT services to be readily available to all people in all corners of the state. IPAT's focus will be to maintain a consumer-responsive program of technology-related assistance for individuals with disabilities that is equally available to all individuals with disabilities residing in the State, "regardless of their type of disability, age, income level, or location of residence in the State, or the type of assistive technology device or assistive technology service required." (AT Act of 2004). The telephone number for IPAT (Interagency Program for Assistive Technology) is 1-800-265-2911.

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"Those who bring sunshine to the lives of others cannot keep it from themselves."

James Barrie